Schedule E)	PAGE 1 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination
	09 27 2014
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	152.55
Washington DC 20036	Transaction ID : D542164
Purpose of Expenditure Inkind Staff Travel Category/ Time 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Type 002	27 2514
	Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AFSCME for Michigan	M M / D D / Y Y Y Y
Mailing Address 1625 L Street, NW	09 27 2014
	Amount
City State Zip Code	164.62
Washington DC 20036	Transaction ID : D542165 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 27 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	317.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 0	9 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	ort Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee UFCW Int'l Union Working Families Advocacy	Project	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 09 27 2014
Mailing Address 1775 K Street, NW		Amount
City State	Zip Code	89.60
Washington DC	20006-1598	Transaction ID : D542171 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ee Sought: House District: 00
MITCH MCCONNELL	X Oppose	President State: KY Senate
Calendar Year-To-Date Per Election for Office Sought	Disb 42693.11 2014	ursement For: Primary General Other (specify) ▶
Full Name of Payee	:	Date of Public Distribution/Dissemination
UFCW Int'l Union Working Families Advocacy Pro	Ject	09 27 2014
Mailing Address 1775 K Street, NW		Amount
City State	Zip Code	89.60
Washington DC	20006-1598	Transaction ID : D542172 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District:00
ALISON LUNDERGAN GRIMES	Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought	42693.11 Disk 201	oursement For: Primary X General 4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		179.20
	•	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	cally Filed] Date	09 29 2014
Signature		

Schedule E)	IDENT EXTEN	BITOTILO	PAGE 3 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	ort New re	eport Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Far	milies Advocac	y Project	Date of Public Distribution/Dissemination 09 27 2014
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	27.24
Washington	DC	20006-1598	Transaction ID : D542176 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,	15210.36	Disbursement For:
Full Name of Payee UFCW Int'l Union Working Famil	ies Advocacy P	roiect	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 / 27 / 2014
			Amount
City	State	Zip Code	27.24
Washington	DC	20006-1598	Transaction ID : D542177 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 27 / Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		25460.75	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Exp	enditures		54.48
(b) SUBTOTAL of Unitemized Independent E	ivnondituros		
(b) SOBTOTAL OF OFFICERINZED INDEPENDENT L	xperialitales		
(c) TOTAL Independent Expenditures			>
	candidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
oignaturo			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee AFT Solidarity 527	Date of Public Distribution/Dissemination
<u> </u>	09 27 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	20.55
Washington DC 20001	Transaction ID : D542186 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 27 2014
Name of Federal Candidate Support Offic	e Sought: House District:
Gary Peters Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 25460.75	ursement For: Primary
Full Name of Payee AFT Solidarity 527	Date of Public Distribution/Dissemination
Al 1 Solidarity 521	09 / 27 / 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	20.55
Washington DC 20001	Transaction ID : D542188 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 27 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
TERRI LYNN LAND Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	41.10
(a) 332.017E of hornized independent Experiences	41.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 29 2014
Oignatule	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report	filed on / _D = D / Y = Y = Y = Y
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 27 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	7.61
Washington DC 20006	Transaction ID : D542202 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 27 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President State: KY
Calcilidat Ical 10 Date	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street NW	09 27 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	17.01
Washington DC 20006	Transaction ID : D542208 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 27 / Y Y Y Y Y Y Y
	Office Sought: House District: 00
TERRI LYNN LAND Oppose	President X Senate State: MI
	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SOBTOTAL OF REHIZED HIDEPOHOUNE EXPONDITIONS	27.02
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	·
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 29 2014
Signature	

Schedule E)	INI EXI EN	DITORILO	PAGE 6 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	17.01
Washington	DC	20006	Transaction ID : D542209 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District:
Gary Peters		Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought		25460.75	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 27 7 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	19.10
Washington	DC	20006	Transaction ID : D542211 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 27 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	-,	17246.20	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		36.11
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	09 29 2014
Signature			

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report New report	ort Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
		09 27 7 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	7.61
Washington DC	20006	Transaction ID : D542212 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	ee Sought: House District: 00
MITCH MCCONNELL	X Oppose	President State: KY Senate
Calendar Year-To-Date Per Election for Office Sought	Disb 2014	oursement For: Primary General Other (specify) ▶
Full Name of Payee	. = 1	Date of Public Distribution/Dissemination
Voices of the American Federation of Governmen	t Employees	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW		Amount
City State	Zip Code	296.52
Washington DC	20001	Transaction ID : D542234 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 27 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
MARK E UDALL	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	17246.20 Disb 2014	oursement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		304.13
	•	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
Ms. Elizabeth H Shuler [Electron:	cically Filed] Date	09 29 2014
Signature	_	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	TOE! ENDEN! EXI END	II OILEO		PAGE 8 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 4	8-hour report New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Voices of the American	n Federation of Governr	ment Employees		c Distribution/Dissemination
Mailing Address 80 F Street, NW			09 Amount	27 2014
Otto	01-1-	7:- 0-1-		4.00
City Washington	State DC	Zip Code 20001	Transaction Date of Dish	ID: D542235 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09	27 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
CORY GARDNER		Oppose		Senate State: CO
Calendar Year-To-Date Per Election for Office Soug	ht	17246.20	Disbursement For: 2014 Other (sp	Primary X General
Voices of the American Mailing Address 80 F Street, N	Federation of Governmer w	nt Employees	M 09 Amount	27 2014
City	State	Zip Code		65.40
Washington	DC	20001	Transaction II Date of Disb	D: D542236 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 ^M	27 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
ALISON LUNDERGAN GRIMES		Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Soug	ht	42693.11	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		. •	66.42
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		· >	1 1 7 1 1 7 1
(c) TOTAL Independent Expenditu	ires		•	
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorize			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M = M / D = D 09 29	2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	IN EXILID	1101120		PAGE 9 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Voices of the American Federation	on of Governr	ment Employees	S M	f Public Distribution/Dissemination
Mailing Address 80 F Street, NW			Amoun	1
City	State	Zip Code		94.79
Washington	DC	20001		ction ID : D542237 f Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		09 27 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
MARK E UDALL		Oppose	Preside	nt Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		17246.20	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ►
Full Name of Payee Voices of the American Federation Mailing Address 80 F Street, NW	of Governmer	nt Employees	M	f Public Distribution/Dissemination 09 27 2014
City	State	Zip Code		65.40
Washington	DC	20001		ction ID : D542238 f Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M	09 Z7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
MITCH MCCONNELL		Oppose	Preside	nt Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7	42693.11	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	160.19
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	9 09 /	29 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 10 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 27 2014 Amount
5 Gateway Center	Alloun
City State Zip Code Pittsburgh PA 15222	343.03 Transaction ID : D542256
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	Date of Disbursement or Obligation 09 27 2014
News of Endagel Condidate	
Name of Federal Candidate ALISON LUNDERGAN GRIMES Oppose Office	e Sought: House District: 00 President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General
Tel Election for Since Gought	U Other (specify) ▶
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination O9 D=D / Y=Y=Y=Y 2014
Mailing Address Political Action Fund Voluntary Ac	Amount
5 Gateway Center	
City State Zip Code Pittsburgh PA 15222	Transaction ID : D542261 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type 001	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ce Sought: House District: 00
MARK E UDALL Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	452.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 29 2014
Signature	

Schedule E)	PAGE 11 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee United Steelworkers of America Political Action Fund	of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac Amo	09 27 2014 ount
5 Gateway Center	
· · · · · · · · · · · · · · · · · · ·	384.40 saction ID : D542262
Purpose of Expenditure InKind Staff Category/ Type 001	of Disbursement or Obligation 09 27 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
MITCH MCCONNELL Suppose President Confidence Codes	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary General Other (specify)
Full Name of Payee United Steelworkers of America Political Action Fund	of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 27 2014
5 Gateway Center	punt
City State Zip Code	347.94
Pittsburgh PA 15222 Trans	saction ID : D542263 e of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / D D / Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
MITCH MCCONNELL Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	732.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date Og Og Og Og Og Og Og Og Og O	29 / 2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0 333181287
Check if 24-hour report 48-hour report New report Amends repo	rt filed on
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 27 2014
Mailing Address Political Action Fund Voluntary Ac	
5 Gateway Center	Amount
City State Zip Code	384.40
Pittsburgh PA 15222	Transaction ID : D542268 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 42693.11	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
United Steelworkers of America Political Action Fund	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Political Action Fund Voluntary Ac	Amount
5 Gateway Center	Amount
City State Zip Code	32.67
Pittsburgh PA 15222	Transaction ID : D542271 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 27 / Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	417.07
(b) SUBTOTAL of Unitemized Independent Expenditures	· ·
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 29 2014
Signature	

Schedule E)	LINI EXPEN	BITORLO	PAGE 13 OF 15 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Workers' Voice			C C00484287		
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	t filed on		
Full Name of Payee United Steelworkers of America I	Political Acti	on Fund	Date of Public Distribution/Dissemination		
Mailing Address Political Action Fund Voluntary	Ac		09 27 2014 Amount		
5 Gateway Center					
City Pittsburgh	State PA	Zip Code 15222	193.37 Transaction ID: D542274 Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:		
Gary Peters		Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		25460.75	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee COMMITTEE ON LETTER CARRII	ERS POLITIC	CAL EDUCATION	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 100 Indiana Avenue, N.W.			Amount		
City	State	Zip Code	402.47		
Washington	DC	20001	Transaction ID : D542286 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y		
Name of Federal Candidate		X Support	Office Sought: House District: 00		
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought	1-75-1-1-7	42693.11	Disbursement For: Primary General 2014 General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expend	itures		595.84		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·		
(c) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	09 / 29 / 2014		

Schedule E)	NDENT EXPEND	TIONES	PAGE 14 OF 15 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Workers' Voice			C C00484287		
Check if 24-hour report X 48-hour rep	ort New rep	port Amends repo	ort filed on		
Full Name of Payee COMMITTEE ON LETTER CAR	RIERS POLITIC	AL EDUCATION	Date of Public Distribution/Dissemination 09 09 09 09 09		
Mailing Address 100 Indiana Avenue, N.W.			Amount		
City	State	Zip Code	705.27		
Washington	DC	20001	Transaction ID : D542292 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 27 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
MARK E UDALL		Oppose	President Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	,	17246.20	Disbursement For: Primary General		
Full Name of Payee COMMITTEE ON LETTER CAR	RIERS POLITICA	AL EDUCATION	Date of Public Distribution/Dissemination		
Mailing Address 100 Indiana Avenue, N.V	V.		09 27 2014 Amount		
City	State	Zip Code	402.47		
Washington	DC	20001	Transaction ID : D542293 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 27 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
MITCH MCCONNELL		X Oppose	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought	7 7	42693.11	Disbursement For: Primary General 2014 Gther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Exp	penditures		. ▶ 1107.74		
(b) SUBTOTAL of Unitemized Independent 6	Expenditures		·		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	9 09 / 29 / 2014		

Schedule E)	PAGE 15 OF 15 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Colorado AFL-CIO L2K	ic Distribution/Dissemination
Mailing Address 140 Sheridan Blvd Amount	27 2014
= *****	399.60 ID : D542296
Purpose of Expenditure InKind Staff Category/ Type 001 Og 09	ursement or Obligation / 27 2014
Name of Federal Candidate Support Office Sought:	House District: 00
MARK FUDALI	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Date of Publ	lic Distribution/Dissemination
Mailing Address Amount	
City State Zip Code	
Purpose of Expenditure Category/ Type Date of Disb	oursement or Obligation
Name of Federal Candidate Support Office Sought: Oppose President	House District:
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Other (s	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	399.60
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	4888.73
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the rep party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09 29	2014